

SCIMP

Recording non-practice medications in Vision & EMIS PCS

Document control

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<http://www.scimp.scot.nhs.uk/wp-content/uploads/Non-Practice-Therapy-in-Vision-and-EMIS-v1.0.pdf>

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Recording non-practice medications in Vision & EMIS PCS

About

This document has been prepared by SCIMP to give guidance to GP practices in Scotland using INPS Vision 3 or EMIS PCS.

The guidance describes current best practice for recording in the GP record medications that have been provided or obtained by a patient from a source outside of the GP practice. Typically this would mean medications provided by hospitals and unscheduled care, over the counter items or the patient's own medication. Such medicines are often referred to as 'non practice'.

This has several benefits:

- Prescription record is complete
- The Emergency Care Summary prescribing is complete
- Medication decision support can alert to interactions and other risks

Emergency Care Summary / Key Information Summary Update

The prescribing data uploaded by GP systems for use by the Emergency Care Summary (ECS) is being changed to better reflect the patient's current medication, and this will include non-practice medications provided the practice has added them correctly to the GP record.

Non-practice medicines will be able to be shown as such when viewed in ECS and may be used for medications reconciliation in acute care settings.

Which non-practice medicines should be added?

At present this is up to individual practices to decide. There is no contractual requirement for GPs to maintain a universal medication record for their patients, but there are local benefits to recording non-practice medicines as well as benefits for data sharing in ECS and associated summaries. Recording non practice medicines also introduces some new risks and practices should consider these when deciding whether to record an out of practice medicine in a patient's record.

Adding non-practice medicines to the Vision or EMIS record will result in such medicines being checked for drug decision support warnings. It will also allow prescribers to form a more complete assessment of the patient's current and past medications when making future prescribing decisions.

Risks of recording non-practice medicines in Vision and EMIS

Adding non-practice medicines to the record also carries some risks.

Firstly, it is important that the non-practice medicine is correctly identified in the GP system's drug dictionary and that this should be a product that exactly matches the one prescribed or will allow dose instructions that can describe the administration directions as supplied to the patient. This is to ensure that any interpretation of the administered dose is equivalent. It would be acceptable in circumstances where the exact dose direction is unknown to use the text directions field in the GP system to indicate this. For example 'As supplied by oncology - exact dose unknown'.

The second main risk arises from non-practice medicines recorded on GP systems not being maintained. Practices may not be directly informed when a non-practice medicine has been changed or stopped, so must implement a regular review of any such medicines they have recorded

on their patients. The risk arises on sharing of non-practice medication with other care providers, where it may appear that a non-practice medicine remains current even if it has been stopped by the original prescriber.

Please read and use the instructions in the last section of this document to ensure non-practice medication is being maintained as accurately as possible on your local system. End users of ECS / KIS medication lists must be aware that there is no automatic updating of non-practice medication records and always verify the medication history from at least two reliable sources.

How to record non-practice medications in Vision

In INPS Vision, therapy records include a field for 'Source of Drug' represented as a drop down box on medication add forms as shown below:

The screenshot shows the 'Acute Therapy - Add' form. The 'Source of Drug' dropdown menu is highlighted with a red box and currently shows 'In practice'. Other fields include Date Prescribed (24 August 2012), Prescriber, Drug, Quantity, Preparation, Pack Size, Treat Days, Batch Number, Dosage, and Drug Class. A red warning message at the bottom reads 'No known allergies of H/O: drug allergy'.

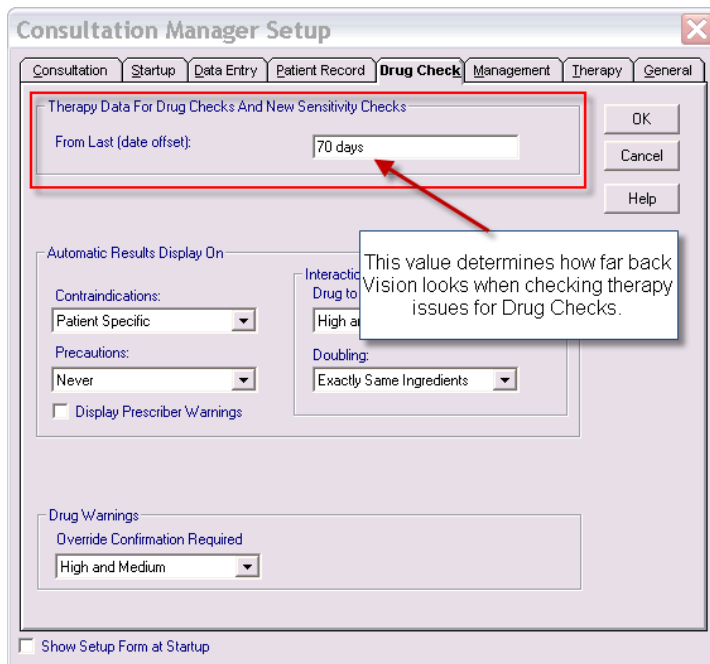
Possible values for this field are:

- In practice (the default)
- Self prescribing
- By Hospital
- By Health Carer in another Practice
- By GP in another practice
- <None>

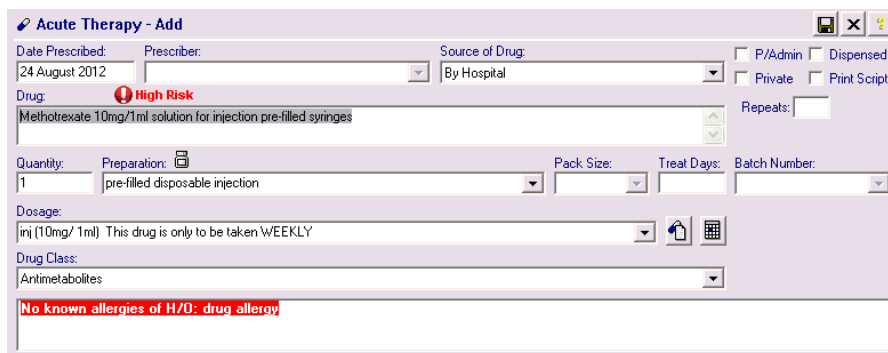
The screenshot shows the 'Acute Therapy - Add' form with the 'Source of Drug' dropdown menu open. The dropdown menu is highlighted with a red box and shows a list of options: 'In practice', '<None>', 'In practice', 'Self prescribing', 'By Hospital', 'By Health Carer in another Practice', and 'By GP in another practice'. Other fields are the same as in the previous screenshot.

Adding an Acute Therapy Item

You should use the 'Acute' therapy item when the item has been provided as a one off. Items added as 'Acutes' will only continue to inform decision support for the period selected in the date offset in Consultation Manager, Options, Drug Check as shown below.



When you add an acute item change the drop down list for 'Source of Drug' to a value that best represents the source of this medication. For example:

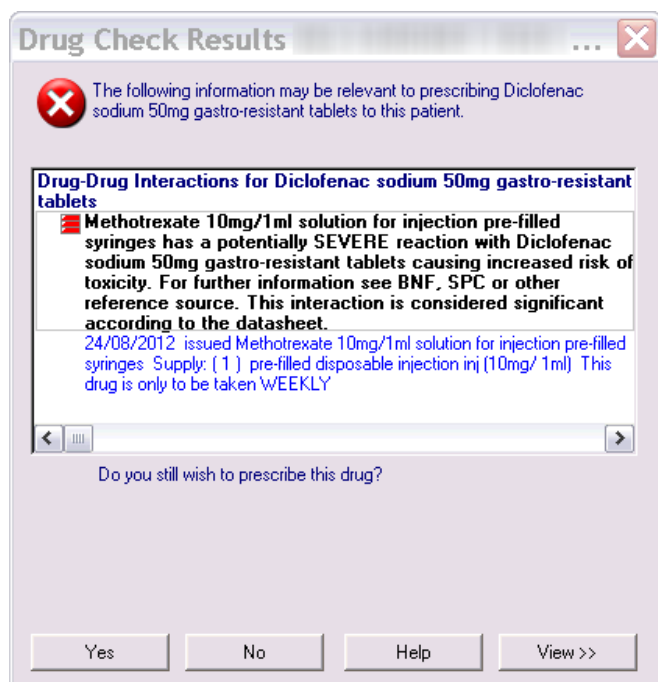


Items with a source value that is non-practice cannot be used to generate prescriptions – either paper or electronic.

Such items appear like this in the 'scripts' listing in therapy (no 'Prescriber' value is shown):

Date	Drug	Iss	Dosage	Q...	Preparation	Prescriber
24/08/12	Methotrexate 10mg/1ml solution for injection pre-filled syringes		inj (10mg/ 1ml) This drug is only to be taken WEEKLY	1	pre-filled disposabl...	----
31/07/12	Diazepam 2mg tablets		3 DAILY	84	tablet	----
15/07/12	Amoxicillin 250mg capsules		Instalments: weekly ONE THREE TIMES A DAY	15	capsule	----
27/06/12	RIGEVIDON tabs		TAKE ONE AS DIRECTED	63	tablet	----
14/06/12	OMEPRAZOLE gastro-res cap 10mg		1 OR 2 IF NEEDED AT NIGHT [FOR HEARTBURN OR DYSPESIA]	56	capsule	----
08/05/12	PROPRANLOL tabs 10mg		TAKE ONE THREE TIMES DAILY	28	tablet	----

And will generate decision support warnings, for example when a user prescribes Diclofenac:



Add Information about the medication as Text to the 'Dosage' Field

It can be helpful to add a description to the dosage field to indicate further the source of the drug, or other information regarding it.

For example entering the text 'HOSPITAL SUPPLIED – NOT TO BE PRESCRIBED BY THE PRACTICE' would add some additional clarity and safety to out of practice items.

More detail such as 'PROVIDED BY RHEUMATOLOGY – ANYWHERE GENERAL HOSP – Tel: 0141-123-4567' could also be supplied.

We would always advise adding the text 'Not prescribed by practice – CHECK IF STILL CURRENT'.

Adding a Repeat Therapy Item

You should add a Repeat Master item for non-practice medications that the patient will continue to receive on a regular basis. As long as the Repeat Master remains 'Active' it will continue to inform decision support and populate the ECS upload appropriately.

Once the patient is no longer taking this medication the repeat master should be 'Inactivated' in Vision. Practices should run housekeeping searches on non practice repeat masters to review and inactivate those that no longer apply.

Note that Repeat Masters that have a non-practice source cannot be used to generate prescriptions, thus no 'issues' can ever be generated from these items.

For on-screen display purposes, current Vision functionality is to treat Repeat Masters with a source of non-practice as if they are 'inactive' so they will not be visible in the patient's Repeat Master listing unless the user selects to show the 'inactive' items. This functionality was originally to enable users to rapidly select and create issues from Active repeat masters – non-practice items present in this list would prevent that. Nevertheless it is now considered misleading and INPS are planning changes to the way non-practice medicines are displayed in Vision.

For example, adding a Repeat Master with Source of Drug as 'By Hospital':

Repeat Master - Add

Date Prescribed: 24 August 2012 Prescriber: Source of Drug: By Hospital

Drug: **High Risk**
Methotrexate 10mg/1ml solution for injection pre-filled syringes

Quantity: 1 Preparation: pre-filled disposable injection Pack Size: Treat Days:

Dosage: inj (10mg/ 1ml) This drug is only to be taken WEEKLY

Drug Class: Antimetabolites

Repeats: 1

Repeat Until Date:










Days Between Issues: Min: Max:

Force Re-authorise

No known allergies of H/O: drug allergy

Vision will require the user to enter a value for 'Repeats' in order to save the record. As no issues can be created from a non-practice prescription we would recommend simply giving this a value of '1' although there is no significant impact on using higher numbers here. There is no need to enter a 'Repeat Until Date', although practices can do so if desired. The 'Repeat Until Date' will appear on Repeat Master reports and this may have some benefit in reviewing non practice items for housekeeping.

When viewed in the Therapy Tab and the 'Repeats Filter' most users will not see the non-practice items as the default setting is to filter 'Inactive' items not to show.










Current Scripts Repeats CMS         

Repeat prescription monitoring Due 20 August 2013





	Last Issued	Drug	Iss	Max	Dosage
<input type="checkbox"/>	24/08/2012	Atenolol 50mg tablets	1	7	1 IN THE MORNING [FOR BP]

Inactive filter is 'on'

To see the non-practice items a user will need to switch this filter off:










Current Scripts Repeats CMS         

Repeat prescription monitoring Due 20 August 2013






	Last Issued	Drug	Iss	Max	Dosage
<input type="checkbox"/>	Not Issued	 Methotrexate 10mg/1ml solution for injection pre-filled syringes	1		inj (10mg/ 1ml) This drug is only to be taken WEEKLY
<input checked="" type="checkbox"/>	07/11/2008	 Diastix testing strips (Bayer Diagnostics Manufacturing Ltd)	7		AS DIRECTED
<input type="checkbox"/>	24/08/2012	Atenolol 50mg tablets	1	7	1 IN THE MORNING [FOR BP]
<input type="checkbox"/>	06/10/2011	ATENOLOL tabs 50mg	1	7	1 IN THE MORNING [FOR BP]
<input type="checkbox"/>	Not Issued	 ATENOLOL tabs 50mg	7		1 IN THE MORNING [FOR BP]
<input type="checkbox"/>	07/11/2008	 Diastix strips [BAYER]	7		AS DIRECTED

Inactive filter is Off

Non practice items are represented by the 'bow tie' icon. They can be sorted and grouped by clicking on the icon column header:

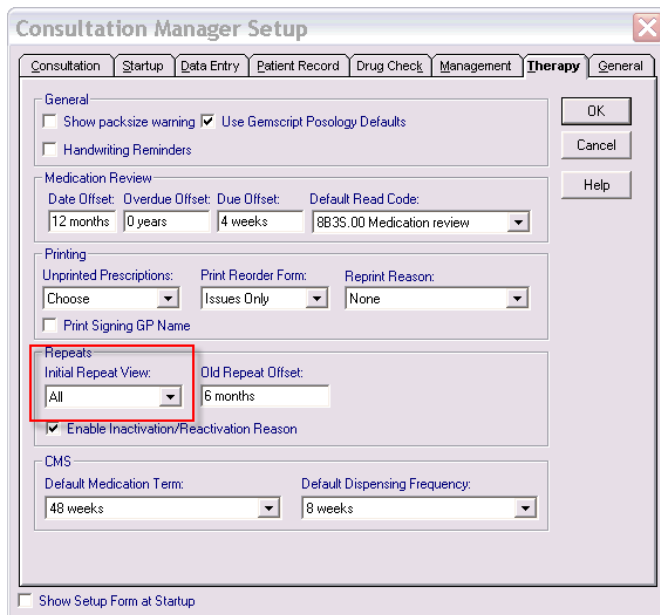
Current Scripts Repeats CMS         

Repeat prescription monitoring Due 20 August 2013

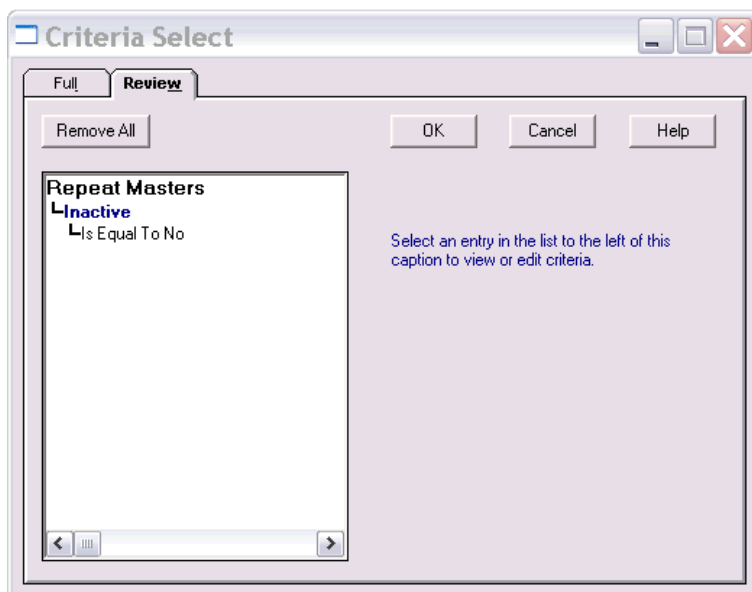
	Last Issued	Drug	Iss	Max	Dosage
<input type="checkbox"/>	24/08/2012	Atenolol 50mg tablets			1 IN THE MORNING [FOR BP]
<input type="checkbox"/>	Not Issued	 Paracetamol 500mg tablets	13		TAKE ONE TO TWO TABLETS EVERY FOUR TO SIX HOURS IF NEEDED [FOR PAIN]
<input type="checkbox"/>	Not Issued	 Methotrexate 10mg/1ml solution for injection pre-filled syringes	1		inj (10mg/ 1ml) This drug is only to be taken WEEKLY
<input type="checkbox"/>	Not Issued	 ATENOLOL tabs 25mg	6		1 DAILY [FOR ANGINA]
<input checked="" type="checkbox"/>	07/11/2008	 Diastix testing strips (Bayer Diagnostics Manufacturing Ltd)	7		AS DIRECTED
<input type="checkbox"/>	06/10/2011	 ATENOLOL tabs 50mg	1	7	1 IN THE MORNING [FOR BP]

Click here to sort by status

An alternative is to change a user's default view on entering 'Repeats' view to display 'All', as set up in Consultation Manager, Options, Setup.



Note that although users need to de-select the 'Inactive' filter to view non-practice items, the non-practice items are not flagged as 'Inactive' in Vision and will be reported on in searches looking for Repeat Masters where 'Inactive' equals 'No'. For example:



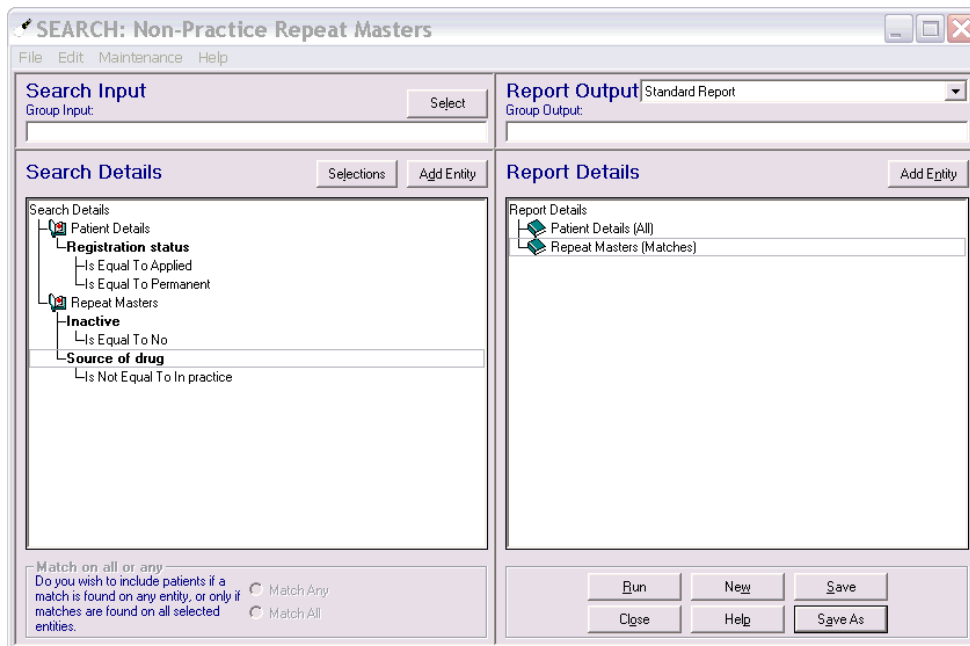
Date Prescribed – which date to use

Note that the prescription date used does not need to correspond exactly with the date of the dispensing or administration of the drug. Typically this information may not be available to the practice. A pragmatic decision should be made on the appropriate date to use, bearing in mind the date offset issue for Acutes as described above.

When adding a repeat master as issues cannot be made from it, the repeat master record itself is the current item, indicating that the patient is receiving this from an external source.

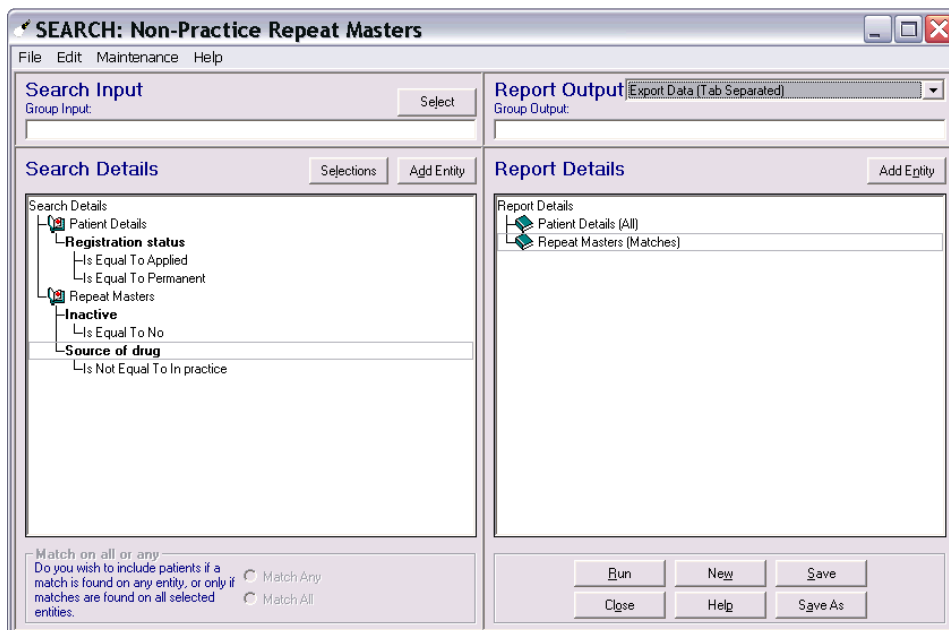
Housekeeping

Practices should regularly run searches to review non-practice active Repeat Masters and inactivate any that no longer apply. Configure a search as below to provide a printable report with all Active, non-practice repeat masters:



This report will not display the 'Date Prescribed' (the date it was added to the patient's record) of the Repeat Master, which can make identifying historical items more difficult.

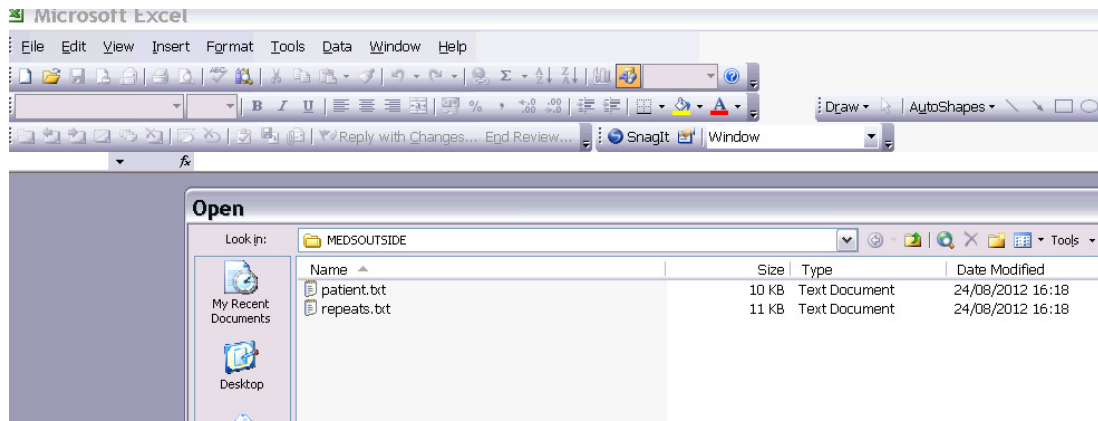
An alternative, although technically more challenging, approach is to export the search results as a Tab Separated file.



This will save two text files:

- patient.txt
- repeats.txt

Open the file 'repeats.txt' in Microsoft Excel:

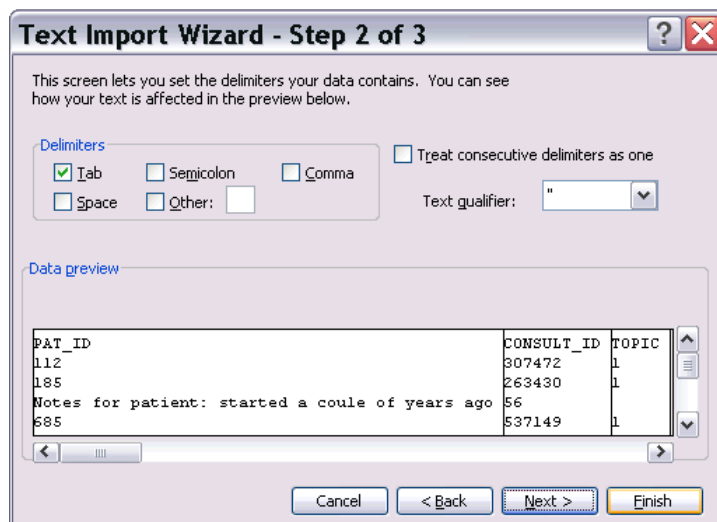


And Excel will recognise it as a Tab Separated file and import it accordingly. The 'Notes for Patient' field, if used, creates additional lines in the report, but these can be ignored as they will be grouped when the table is sorted.

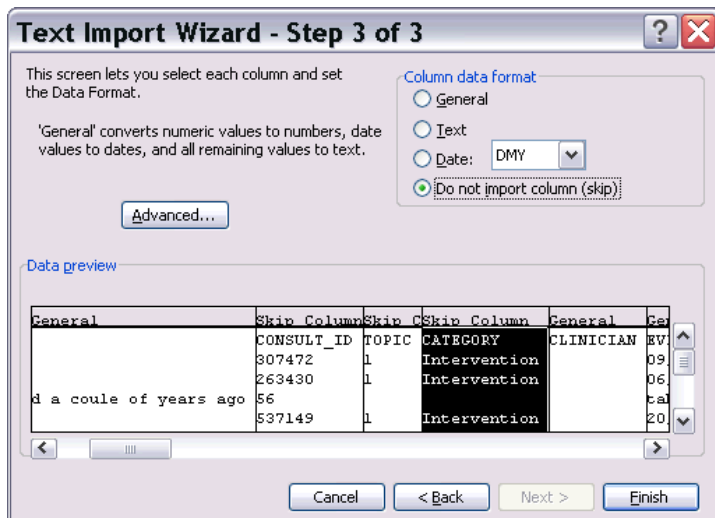
There are three steps in the MS Excel Text Import Wizard:



Click 'Next' on the form above.



Click next on this form as well.



In this step, select 'Do not import column (skip)' for all columns apart from:

- PAT_ID
- EVENTDATE
- DRUGNAME
- DRUGSOURCE

Then click 'Finish' and the data will be shown in Excel:

	A	B	C	D
1	PAT_ID	EVENTDATE	DRUGNAME	DRUGSOURCE
2	112	09/03/2009	ADALIMUMAB inj 40mg	By Hospital
3	185	06/08/2008	ASPIRIN disp tab 75mg	
4	Notes for patient: tablet(s)			
5	685	20/06/2012	ROACCUTANE caps 20mg	By Hospital
6	862	06/05/2009	ACITRETIN caps 10mg	By Hospital
7	913	21/05/2012	FUMADERM gr tab	By Hospital
8	989	17/03/2009	ETANERCEPT inj soln 50mg	By Hospital
9	1101	01/03/2007	DEPIXOL -CONC inj 100mg/1ml	By Hospital
10	1204	19/01/2010	ADALIMUMAB inj 40mg	By Hospital
11	1220	20/10/2011	CYCLOPHOSPHAMIDE inj 1000mg	By Hospital
12	1341	20/06/2012	WARFARIN SODIUM tabs 1mg	By Hospital
13	1389	13/04/2010	LANSOPRAZOLE caps(ec grans) 30mg	By Hospital
14	1755	14/08/2008	CLARELUX foam 500 micrograms/g	By Hospital
15	1904	14/03/2006	SERTRALINE tabs 50mg	By Hospital
16	2108	18/12/2007	METHADONE oral soln 1mg/ml	
17	Notes for patient: mls			
18	2108	20/10/2009	DEPIXOL oily inj 40mg/2ml	By Hospital
19	2123	19/08/2008	METHADONE sf oral soln 1mg/ml	By Hospital
20	2283	17/08/2010	METHADONE oral soln 1mg/ml	By Hospital
21	2283	07/06/2012	FLUPENTIXOL DECANOATE oily inj 200mg/1ml	By Hospital
22	2543	05/07/2007	METHADONE oral soln 1mg/ml	By Hospital
23	2543	29/06/2010	DIAZEPAM tabs 5mg	By Hospital
24	2543	29/06/2010	MIRTAZAPINE tabs 45mg	By Hospital
25	2543	29/06/2010	CHLORPROMAZINE tabs 25mg	By Hospital
26	2664	28/05/2008	CLOPIXOL oily inj 200mg/1ml	By Hospital
27	2838	28/01/2008	METHADONE oral soln 1mg/ml	By Hospital
28	2838	28/01/2008	DIAZEPAM tabs 2mg	By Hospital
29	2920	26/09/2007	MELATONIN caps 5mg	By Hospital

Sort this by EVENTDATE. 'EVENTDATE' is the date the Repeat Master was added to Vision.

	A	B	C	D
1	PAT_ID	EVENTDATE	DRUGNAME	DRUGSOURCE
2	112	09/03/2009	ADALIMUMAB inj 40mg	By Hospital
3	185	06/08/2008	ASPIRIN disp tab 75mg	
4	Notes for patient: tablet(s)			
5	685	20/06/2012	ROACCUTANE caps 20mg	
6	862	06/05/2009	ACITRETIN caps 10mg	
7	913	21/05/2012	FUMADERM gr tab	
8	989	17/03/2009	ETANERCEPT inj soln 50m	
9	1101	01/03/2007	DEPIXOL -CONC inj 100mg	
10	1204	19/01/2010	ADALIMUMAB inj 40mg	
11	1220	20/10/2011	CYCLOPHOSPHAMIDE inj	
12	1341	20/06/2012	WARFARIN SODIUM tabs 1	
13	1389	13/04/2010	LANSOPRAZOLE caps(ec	
14	1755	14/08/2008	CLARELUX foam 500 micro	
15	1904	14/03/2006	SERTRALINE tabs 50mg	
16	2108	18/12/2007	METHADONE oral soln 1mg	
17	Notes for patient: mls			
18	2108	20/10/2009	DEPIXOL oily inj 40mg/2ml	
19	2123	19/08/2008	METHADONE sf oral soln 1	
20	2283	17/08/2010	METHADONE oral soln 1mg	
21	2283	07/06/2012	FLUPENTIXOL DECANOAT	
22	2543	05/07/2007	METHADONE oral soln 1mg/ml	By Hospital
23	2543	29/06/2010	DIAZEPAM tabs 5mg	By Hospital
24	2543	29/06/2010	MIRTAZAPINE tabs 45mg	By Hospital
25	2543	29/06/2010	CHLORPROMAZINE tabs 25mg	By Hospital

Sort [?] [X]

Sort by: EVENTDATE Ascending Descending

Then by: Ascending Descending

Then by: Ascending Descending

My data range has Header row No header row

[Options...] [OK] [Cancel]

This will then list the items with the earliest ones at the top:

	A	B	C	D
1	PAT_ID	EVENTDATE	DRUGNAME	DRUGSOURCE
2	1904	14/03/2006	SERTRALINE tabs 50mg	By Hospital
3	1101	01/03/2007	DEPIXOL -CONC inj 100mg/1ml	By Hospital
4	2543	05/07/2007	METHADONE oral soln 1mg/ml	By Hospital
5	2920	26/09/2007	MELATONIN caps 5mg	By Hospital
6	2108	18/12/2007	METHADONE oral soln 1mg/ml	
7	2838	28/01/2008	METHADONE oral soln 1mg/ml	By Hospital
8	2838	28/01/2008	DIAZEPAM tabs 2mg	By Hospital
9	2664	28/05/2008	CLOPIXOL oily inj 200mg/1ml	By Hospital
10	4366	28/07/2008	METHADONE oral soln 1mg/ml	
11	185	06/08/2008	ASPIRIN disp tab 75mg	
12	1755	14/08/2008	CLARELUX foam 500 micrograms/g	By Hospital
13	2123	19/08/2008	METHADONE sf oral soln 1mg/ml	By Hospital
14	4366	16/09/2008	PERICYZINE tabs 2.5mg	By Hospital
15	4468	30/09/2008	MELATONIN caps 5mg	By Hospital
16	4637	14/10/2008	METHADONE sf oral soln 1mg/ml	By Hospital
17	5252	23/10/2008	KIVEXA FC tab	By Hospital
18	5252	23/10/2008	NEVIRAPINE tabs 200mg	By Hospital
19	5409	20/11/2008	METHADONE oral soln 1mg/ml	By Hospital
20	5409	20/11/2008	MIRTAZAPINE orodisp tab 30mg	By Hospital
21	5409	20/11/2008	ZOLPIDEM tabs 10mg	By Hospital
22	112	09/03/2009	ADALIMUMAB inj 40mg	By Hospital
23	989	17/03/2009	ETANERCEPT inj soln 50mg	By Hospital

Individual patients can then be reviewed and their non-practice Repeat Masters Inactivated if no longer in use. Patients can be found from the select patient form in Vision by using the 'PAT_ID' value and searching on the 'Vision Identifier'.

Select Patient

Search Details: Search Attribute: Vision Identifier [Find] [OK] [Cancel]

Active Patients only

[Options]

How to record non-practice medications in EMIS

Non practice medications are added to EMIS in exactly the same way as other drugs. The distinction is made at the issue stage where the drugs are issued using the method “outside”.

It is recommended that to ensure that errors are not made in issuing medications that should not be issued by the practice, additional text is added to the dose instructions.

Pack Size	Price
1 vial	£419.62

GENERAL WARNINGS

- ◆ ADDITIONAL SCRIPT FOR DILUENT REQUIRED

Add Descriptive Text to the 'Dosage' Field

It can be helpful to add a description to the dosage field to indicate further the source of the drug, or other information regarding it.

For example entering the text 'HOSPITAL SUPPLIED – NOT TO BE PRESCRIBED BY THE PRACTICE' would add some additional clarity and safety to out of practice items.

More detail such as 'PROVIDED BY RHEUMATOLOGY – ANYWHERE GENERAL HOSP – Tel: 0141-123-4567' could also be supplied.

Issue Medications

Issue Details

Authorising User: [] Issue Date: 23/10/2012

Set as course Authoriser

Script Destination Text: [] Total NHS Cost: 419.62 est.

Issue Method:

- N) None
- P) Print
- H) Hand Written
- X) Private
- O) Outside**
- Q) Issue Without Scripts

OK Cancel

We would always advise adding the text 'Not prescribed by practice – CHECK IF STILL CURRENT'

The drug should be “Issued” rather than “Issue and Printed”, and the Issue Method should be selected as **O) Outside**

It is IMPORTANT that the drug is issued as an “Outside” as ECS is a record of ISSUED medication, and items that are not issued will not be uploaded to ECS.

Medication can be added as either acute or repeat in PCS in the normal manner.

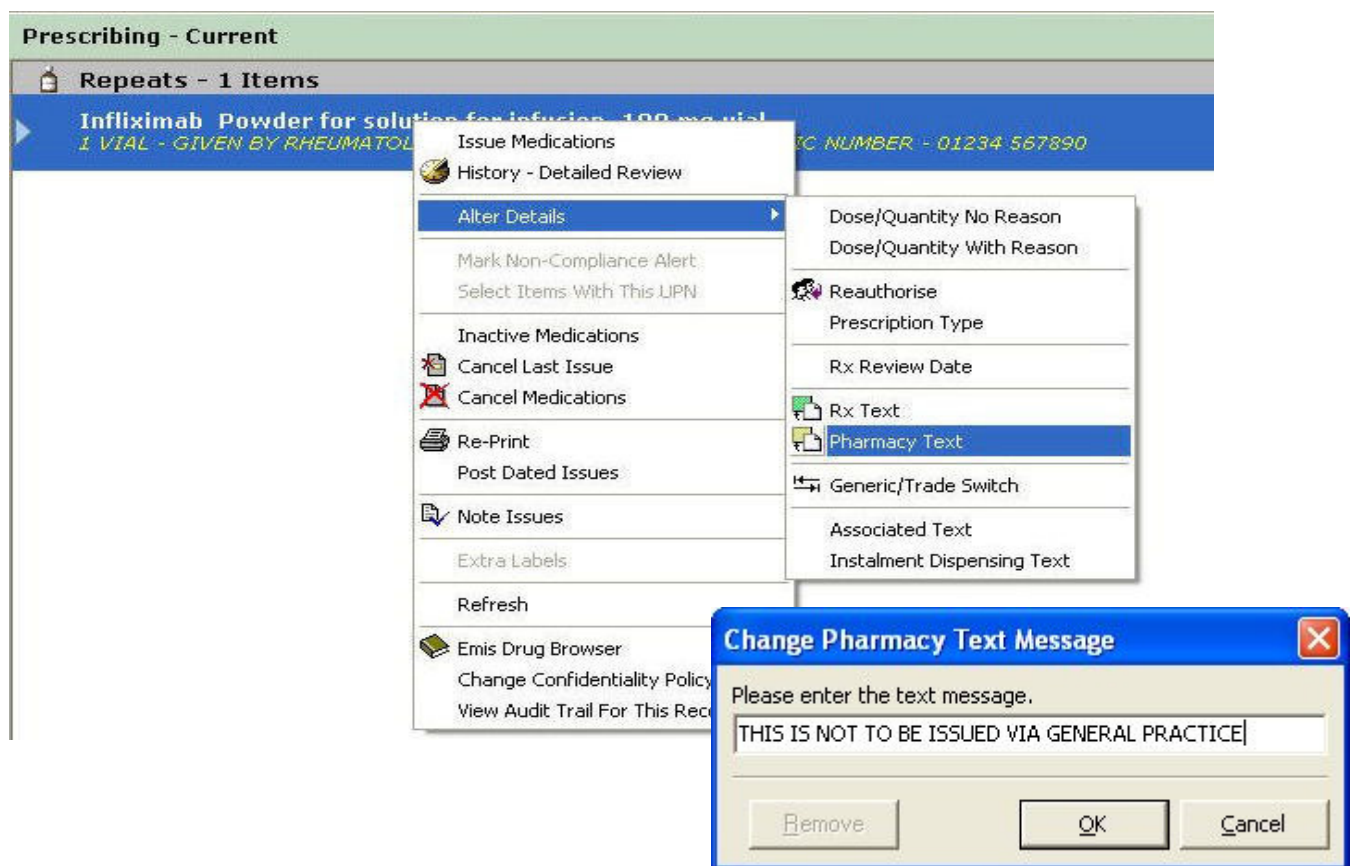
Note for prescriptions to appear indefinitely on the Emergency Care Summary it is recommended that the prescription is recorded as a REPEAT MEDICATION.

Acute medication will time expire in EMIS PCS and no longer be transmitted to ECS.

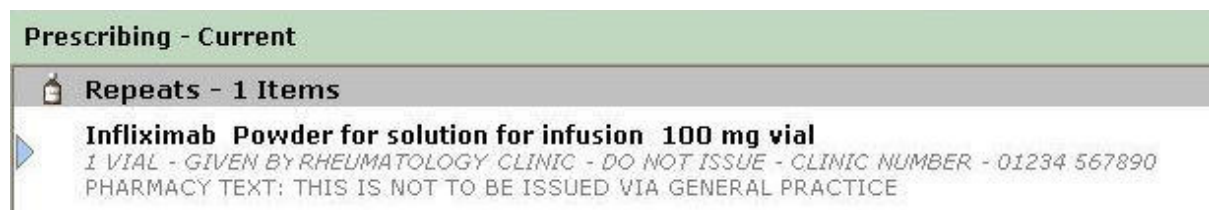


The medication will appear in the prescribing screen with an "O" at the end of the issue date to indicate it was issued out with the practice.

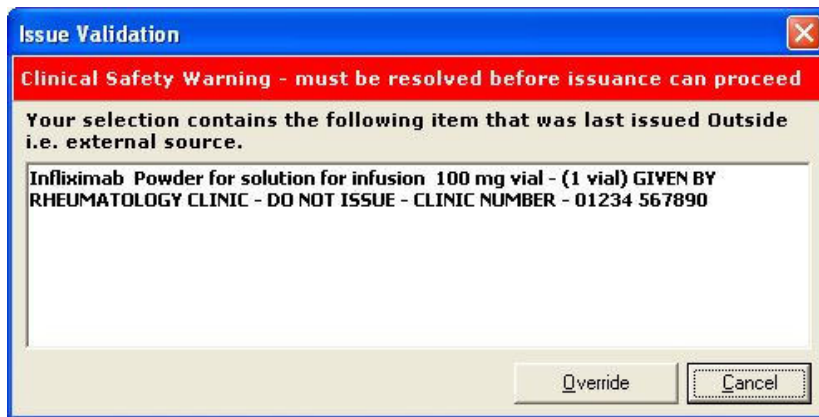
Pharmacy Text can also be added to ensure that it is clear that the drug should not be issued by the pharmacy. Right click the drug, Alter details, Pharmacy Text



Additional information is then displayed against the medication, and will be printed on a script.



In addition to the text warnings to prevent inadvertent issue, should a user attempt to issue a drug that has been issued outside previously, then they will be presented with a warning...

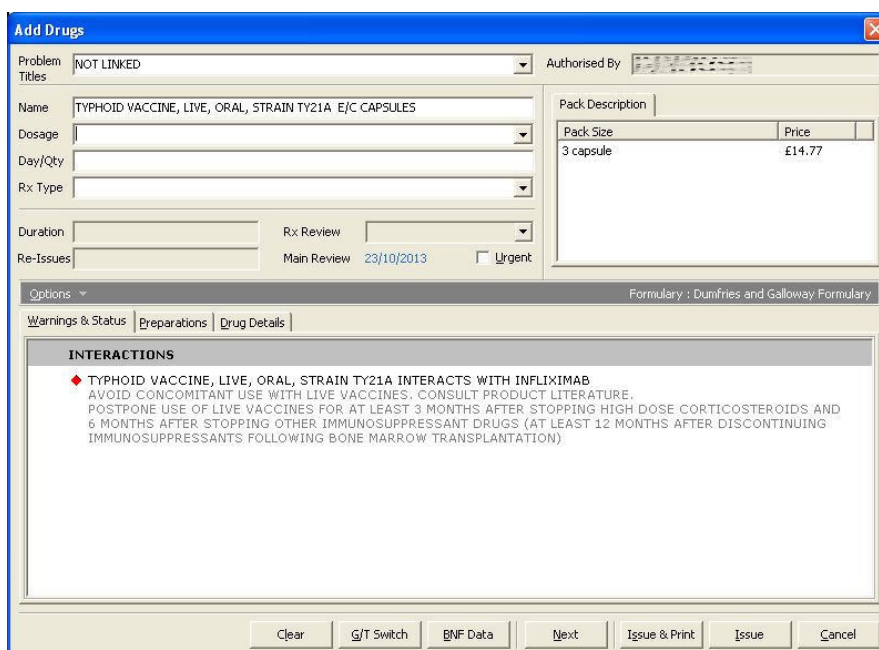


Date Prescribed – which date to use

Note that the prescription date used does not need to correspond exactly with the date of the dispensing or administration of the drug. Typically this information may not be available to the practice. A pragmatic decision should be made on the appropriate date to use.

Safety benefits of adding medication outside

As well as uploading to ECS, the EMIS system will use drugs prescribed outside when checking interactions.



House Keeping

It is important to have a system for maintaining accurate medication lists of non-practice medications.

Unfortunately EMIS PCS does not have the search capability to identify patients with drugs with the issue method “Outside”. For those practices that are streaming to EMIS Web and have the Search and Report functionality within that, a simple search can be created very easily.

